U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update

Annual Plan for Fiscal Year: 2001

# HOUSING AUTHORITY OF JIM HOGG COUNTY HEBBRONVILLE, TEXAS

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

# PHA Plan Agency Identification

PHA Name: Housing Authority of Jim Hogg County
PHA Number: TX511
PHA Fiscal Year Beginning: (mm/yyyy) 01/2001
PHA Plan Contact Information:  Name: George Newman  Phone: 512-527-4353  TDD:  Email (if available):
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)  Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  Main business office of the PHA  PHA development management offices  Other (list below)
PHA Programs Administered:
□ Public Housing and Section 8 □ Section 8 Only □ Public Housing Only

# Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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	Attachment: Comments of Resident Advisory Board or Boards & Explanation of	PHA	
	Response (must be attached if not included in PHA Plan text)		
	Other (List below, providing each attachment name)		
	ii. Executive Summary NOT REQUIRED		
_	CFR Part 903.7 9 (r)]		
At 1	PHA option, provide a brief overview of the information in the Annual Plan		

# 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There are no changes in policies or programs administered by the Housing Authority of Jim Hogg Count.

2. Capital Improvement Needs	NOT APPLICABLE
[24 CFR Part 903.7 9 (g)] Exemptions: Section 8 only PHAs are not required to complete the	his component
Exemptions. Section 8 only FHAs are not required to complete the	ns component.
A. Yes No: Is the PHA eligible to participate i	n the CFP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actu upcoming year? \$	al (if known) Capital Fund Program grant for the
C. Yes No Does the PHA plan to participat yes, complete the rest of Component 7. If no, skip to no	te in the Capital Fund Program in the upcoming year? If next component.
D. Capital Fund Program Grant Submissions	
(1) Capital Fund Program 5-Year Action Pl	<u>an</u>
The Capital Fund Program 5-Year Action Plan	is provided as Attachment
(2) Capital Fund Program Annual Statemer The Capital Fund Program Annual Statement is  3. Demolition and Disposition  [24 CFR Part 903.7 9 (h)]	
Applicability: Section 8 only PHAs are not required to complete	this section.
section 18 of the U.S. Housing A	any demolition or disposition activities (pursuant to Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? at; if "yes", complete one activity description for each
2. Activity Description	Don't die
Demolition/Disposition Activity (Not including Activities Associated with HOPE	· •
1a. Development name:	, , , , , , , , , , , , , , , , , , , ,
1b. Development (project) number:	

2. Activity type: Demolition	
Disposition	
3. Application status (select one)	
Approved	
Submitted, pending approval	
Planned application	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one)	
Part of the development	
Total development	
7. Relocation resources (select all that apply)	
Section 8 for units	
Public housing for units	
Preference for admission to other public housing or section 8	
Other housing for units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	
4. Voucher Homeownership Program  [24 CFR Part 903.7 9 (k)]  A.   Does the PHA plan to administer a Section 8 Homeownership program pure Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 skip to next component; if "yes", describe each program using the table bell complete questions for each program identified.)	? (If "No",
B. Capacity of the PHA to Administer a Section 8 Homeownership Program  The PHA has demonstrated its capacity to administer the program by (select all that apply):  Establishing a minimum homeowner downpayment requirement of at least 3 percent are that at least 1 percent of the downpayment comes from the family's resources  Requiring that financing for purchase of a home under its section 8 homeownership will insured or guaranteed by the state or Federal government; comply with secondary mort underwriting requirements; or comply with generally accepted private sector underwrite  Demonstrating that it has or will acquire other relevant experience (list PHA experience organization to be involved and its experience, below):	ll be provided, tgage market ting standards
<b>5. Safety and Crime Prevention: PHDEP Plan</b> [24 CFR Part 903.7 (m)]  Exemptions Section 8 Only PHAs may skip to the next component meeting specified requirements prior to receipt of PHDEP funds.  NOT APPLICABLE  PHAs eligible for PHDEP funds must provide a Fundamental prior to receipt of PHDEP funds.	PHDEP Plan

A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?	
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$	
C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.	
D. Yes No: The PHDEP Plan is attached at Attachment	
6. Other Information [24 CFR Part 903.7 9 (r)]	
A. Resident Advisory Board (RAB) Recommendations and PHA Response	
1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?	)
2. If yes, the comments are Attached at Attachment (File name)	
<ul> <li>3. In what manner did the PHA address those comments? (select all that apply)  The PHA changed portions of the PHA Plan in response to comments  A list of these changes is included  Yes No: below or  Yes No: at the end of the RAB Comments in Attachment</li> <li>Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment</li> <li>Other: (list below)</li> </ul>	
B. Statement of Consistency with the Consolidated Plan	
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).	
1. Consolidated Plan jurisdiction: (provide name here)  State of Texas	
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)	
The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.	

		The PHA has participated in any consultation process organized and offered by the Consolidated
		Plan agency in the development of the Consolidated Plan.
		The PHA has consulted with the Consolidated Plan agency during the development of this PHA
		Plan.
		Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives
		contained in the Consolidated Plan. (list such initiatives below)
		Other: (list below)
	] Yes 🔀 ]	No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4.		olidated Plan of the jurisdiction supports the PHA Plan with the following actions and aitments: (describe below)
	The a	gency will continue to strive to meet the goals of the Consolidated Plan by addressing the needs of

### C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

the very low and low income families.

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### A. Substantial Deviation from the 5-year Plan:

Any change to Mission Statement such as:

- 50% deletion from or addition to the goals and objectives as a whole
- 50% or more decrease in the quantifiable measurement of any individual goal or abjective

#### A. Significant Amendment or Modification to the Annual Plan:

- 50% variance in the funds projected in the Capital Fund Program Annual Statement
- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and / or the Capital Fund Program Annual Statement
- Any change in a policy or procedure that requires a regulatory 30-day posting
- Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs
- Any change inconsistent with the local, approved Consolidated Plan

# <u>Attachment\_A\_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans				
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans				
	Housing Needs Statement of the Consolidated Ran for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs				
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources				
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies				
	Any policy governing occupancy of Police Officers in Public Housing  check here if included in the public housing  A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies				
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies				
	Public housing rent determination policies, including the method for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
	Schedule of flat rents offered at each public housing development  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination				

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

List of Supporting Documents Available for Review						
Applicable &	Supporting Document	Related Plan Component				
On Display X	Caption 9 mont determination (normant standard) malicing	Annual Plan: Rent				
A	Section 8 rent determination (payment standard) policies	Determination				
	check here if included in Section 8 Administrative Plan					
	Public housing management and maintenance policy documents,	Annual Plan:				
	including policies for the prevention or eradication of pest	Operations and				
	infestation (including cockroach infestation)	Maintenance				
	Results of latest binding Public Housing Assessment System	Annual Plan:				
	(PHAS) Assessment	Management and				
	E II DI ( D I) CA DILAGO II ( C C C C	Operations				
	Follow-up Plan to Results of the PHAS Resident Satisfaction	Annual Plan:				
	Survey (if necessary)	Operations and Maintenance and				
		Community Service &				
		Self-Sufficiency				
X	Results of latest Section 8 Management Assessment System	Annual Plan:				
71	(SEMAP)	Management and				
		Operations				
	Any required policies governing any Section 8 special housing	Annual Plan:				
	types	Operations and				
	check here if included in Section 8 Administrative	Maintenance				
	Plan					
	Public housing grievance procedures	Annual Plan: Grievance				
	check here if included in the public housing	Procedures				
	A & O Policy					
X	Section 8 informal review and hearing procedures	Annual Plan:				
	check here if included in Section 8 Administrative	Grievance Procedures				
	Plan					
	The HUD-approved Capital Fund/Comprehensive Grant Program	Annual Plan: Capital				
	Annual Statement (HUD 52837) for any active grant year	Needs				
	Most recent CIAP Budget/Progress Report (HUD 52825) for any	Annual Plan: Capital				
	active CIAP grants	Needs				
	Approved HOPE VI applications or, if more recent, approved or	Annual Plan: Capital				
	submitted HOPE VI Revitalization Plans, or any other approved	Needs				
	proposal for development of public housing	Ammal Dlags Cook 1				
	Self-evaluation, Needs Assessment and Transition Plan required	Annual Plan: Capital Needs				
	by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	INCOUS				
	Approved or submitted applications for demolition and/or	Annual Plan:				
	disposition of public housing	Demolition and				
		Disposition				
	Approved or submitted applications for designation of public	Annual Plan:				
	housing (Designated Housing Plans)	Designation of Public				
		Housing				
	Approved or submitted assessments of reasonable revitalization of	Annual Plan:				
	public housing and approved or submitted conversion plans	Conversion of Public				
	prepared pursuant to section 202 of the 1996 HUD Appropriations	Housing				
	Act, Section 22 of the US Housing Act of 1937, or Section 33 of					
	the US Housing Act of 1937					

List of Supporting Documents Available for Review					
Applicable &	Supporting Document	Related Plan Component			
On Display	Approved or submitted public housing homeownership	Annual Plan:			
	programs/plans	Homeownership			
	Policies governing any Section 8 Homeownership program	Annual Plan:			
	(sectionof the Section 8 Administrative Plan)	Homeownership			
	Cooperation agreement between the PHA and the TANF agency	Annual Plan:			
	and between the PHA and local employment and training service	Community Service &			
	agencies	Self-Sufficiency			
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan:			
		Community Service &			
		Self-Sufficiency			
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan:			
		Community Service &			
		Self-Sufficiency			
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other	Annual Plan:			
	resident services grant) grant program reports	Community Service &			
		Self-Sufficiency			
	The most recent Public Housing Drug Elimination Program	Annual Plan: Safety			
	(PHEDEP) semi-annual performance report	and Crime Prevention			
	PHDEP-related documentation:	Annual Plan: Safety			
	Baseline law enforcement services for public housing	and Crime Prevention			
	developments assisted under the PHDEP plan;				
	· Consortium agreement/s between the PHAs participating				
	in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to				
	PHAs participating in a consortium as specified under 24				
	CFR 761.15);				
	Partnership agreements (indicating specific leveraged				
	support) with agencies/organizations providing funding,				
	services or other in-kind resources for PHDEP-funded				
	activities;				
	· Coordination with other law enforcement efforts;				
	• Written agreement(s) with local law enforcement agencies				
	(receiving any PHDEP funds); and				
	· All crime statistics and other relevant data (including Part				
	I and specified Part II crimes) that establish need for the				
	public housing sites assisted under the PHDEP Plan.				
	Policy on Ownership of Pets in Public Housing Family	Pet Policy			
	Developments (as required by regulation at 24 CFR Part 960,				
	Subpart G)				
	check here if included in the public housing A & O Policy				
X	The results of the most recent fiscal year audit of the PHA	Annual Plan: Annual			
	conducted under section 5(h)(2) of the U.S. Housing Act of 1937	Audit			
	(42 U. S.C. 1437c(h)), the results of that audit and the PHA's				
	response to any findings				
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional)	(specify as needed)			
	(list individually; use as many lines as necessary)				

Ann	ual Statement/Performance and Evalua	ation Report		
Cap	ital Fund Program and Capital Fund P	rogram Replaceme	nt Housing Factor (	CFP
PHA N		Grant Type and Number		
		Capital Fund Program:		
		Capital Fund Program		
		Replacement Housing I		
	ginal Annual Statement			evised A
	formance and Evaluation Report for Period Ending:		and Evaluation Report	1
Line	Summary by Development Account	Total Estin	mated Cost	
No.				
_	The state of the s	Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Nondwelling Structures			
13	1475 Nondwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development			
19	1502 Contingency			
20	Amount of Annual Grant: (sum of lines 2-19)			
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation			
	Measures			

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/Part II: Supporting Pages

Tartir. Supp		T =					
PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:					
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		Total Estimated Cost		
Name/HA-Wide Activities				Original	Revised		
	<u> </u>						
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				'			

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/Part III: Implementation Schedule

PHA Name:		Grant	Type and Nur	nber			Federal
		Capit	al Fund Progra	m #:			
				m Replacement Hor			
Development Number		Fund Obligate			All Funds Expended		
Name/HA-Wide	(Qu	art Ending Da	te)	(Q	uarter Ending Date	e)	
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
						<u> </u>	
						T	

## **Capital Fund Program 5-Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan		
Original states	nent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
D	lal Diagram Management	Estimated Cont	DI
Improvements	ded Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start 1 (HA Fiscal Yea
Total actimated co	ct over next 5 years		

# PHA Public Housing Drug Elimination Program Plan NOT APPLICABLE

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History A. Amount of PHDEP Grant \$		
B. Eligibility type (Indicate with an "x")	N1 I	N2
RC. FFY in which funding is requestedD. Executive Summary of Annual PHDEP II In the space below, provide a brief overview of the PHDI activities undertaken. It may include a description of the	<b>Plan</b> EP Plan, including highl	
more than five (5) sentences long		3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
E. Target Areas		
Complete the following table by indicating each PHDEP will be conducted), the total number of units in each PHD individuals expected to participate in PHDEP sponsored information should be consistent with that available in PI	DEP Target Area, and the activities in each Target	e total number of
PHDEP Target Areas (Name of development(s) or site)	Total # of Units with the PHDEP Targe Area(s)	-
F. Duration of Program		
Indicate the duration (number of months funds will be recthis Plan (place an "x" to indicate the length of program be months).	<b>.</b> .	0 1 1
12 Months 18 Months_	24 Months	S
G. PHDEP Program History		
G. THEEL Flogram History		
Indicate each FY that funding has been received under the		
	l. If previously funded p	programs have not been

Fiscal Year of	PHDEP	Grant #	Fund Balance	Grant	Grant Start	<b>Grant Term</b>
Funding	Funding		as of Date of	Extensions	Date	End Date
	Received		this Submission	or Waivers		

"GE" in column or "W" for waivers.

FY 1995			
FY 1996			
FY 1997			
FY1998			
FY 1999			

### **Section 2: PHDEP Plan Goals and Budget**

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### **B.** PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary						
Original statement	-					
Revised statement dated:						
Budget Line Item	Total Funding					
9110 – Reimbursement of Law Enforcement						
9115 - Special Initiative						
9116 - Gun Buyback TA Match						
9120 - Security Personnel						
9130 - Employment of Investigators						
9140 - Voluntary Tenant Patrol						
9150 - Physical Improvements						
9160 - Drug Prevention						
9170 - Drug Intervention						
9180 - Drug Treatment						
9190 - Other Program Costs						
TOTAL PHDEP FUNDING						

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement						IDEP Funding: \$
Goal(s)					•	
Objectives						
Proposed Activities	# of	Target	Start	Expected	PHEDE	Other Funding
	Persons	Population	Date	Complete	P	(Amount/
	Served			Date	Funding	Source)
1.						
2.						
3.						

9115 - Special Initiative						EP Funding: \$
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)
1.						
2.						
3.						

9116 - Gun Buyback TA Match					Total PHI	DEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP F	unding: \$
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						

3.

9130 – Employment of Investigators				Total PHDEP F	funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						
3.						

9140 – Voluntary Tenant Patrol				Total PHDEP F	Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding
	Persons	Population	Date	Complete	Funding	(Amount /Source)
	Served			Date		
1.						
2.						
3.						

9150 - Physical Improvements				Total PHDEP Funding: \$		
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						
3.						

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							

9170 - Drug Intervention					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding
_	Persons	Population	Date	Complete	Funding	(Amount /Source)
	Served	_		Date		
1.						
2.						
3.						

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

## Required Attachment B: Resident Member on the PHA Governing Board

1. Yes X	No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)							
A. Name of resident member(s) on the governing board:								
B. How was the	e resident board member selected: (select one)?  Elected  Appointed							
C. The term of	appointment is (include the date term expires):							
assisted	A governing board does not have at least one member who is directly by the PHA, why not?  the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  Other (explain):							
B. Date of nex	t term expiration of a governing board member: 10/01							

- В
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Commissioners Court of Jim Hogg County, Texas

# Required Attachment C: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Mitchie Fulp

Guadalupe M. Gonzalez

Tracy Gonzalez